

FAX TRANSMISSION**RECEIVED
CENTRAL FAX CENTER****OCT 26 2004****DATE:** October 26, 2004**PTO IDENTIFIER:** Application Number 09/704093-Conf. #3451
Patent Number**Inventor:** Robert P. ST. PIERRE et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** LAHIVE & COCKFIELD, LLP

John S. Curran

PHONE: (617) 227-7400**Attorney Dkt. #:** SMQ-039RCE/P5130**PAGES (Including Cover Sheet):** 18**CONTENTS:** Fee Transmittal plus duplicate (2 pages);
Two Month Request for Extension of Time Under 37 CFR 1.136(a) plus duplicate (2 pages);
Request for Continued Examination Transmittal plus duplicate (2 pages);
Response to Final Office Action (10 pages);
Certificate of Transmission under 37 CFR 1.8 (1 page); and
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FEE TRANSMITTAL for FY 2005		Complete if Known	
Effective 10/01/2004, Patent fees are subject to annual revision		Application Number	09/704093-Conf. #3451
		Filing Date	November 1, 2000
		First Named Inventor	Robert P. ST. PIERRE
		Examiner Name	B. R. Bruckart
		Art Unit	2155
		Attorney Docket No.	SMQ-039RCE/P5130
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 1,220.00			

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																																									
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Name (Print/Type)	John S. Curran	Registration No. (Attorney/Agent)	50,445																																																																																																																																																																																																																																																																																																								
Signature		Telephone	(617) 227-7400																																																																																																																																																																																																																																																																																																								
		Date	October 26, 2004																																																																																																																																																																																																																																																																																																								
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9306 at MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.																																																																																																																																																																																																																																																																																																											
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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004 Patent fees are subject to annual revision

☐ Applicant claims small entity status See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)	1,220.00
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Application Number	09/704093-Conf. #3451
Filing Date	November 1, 2000
First Named Inventor	Robert P. ST. PIERRE
Examiner Name	B. R. Bruckart
Art Unit	2155
Attorney Docket No	SMO-039RCE/P5130

Complete if Known

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> None	
<input checked="" type="checkbox"/> Deposit Account	
Deposit Account Number	12-0080
Deposit Account Name	Lahive & Cockfield, LLP
The Director is authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	

FEE CALCULATION	
1. BASIC FILING FEE	
Large Entry	Small Entry
Fee Code (\$)	Fee Code (\$)
1001 790	2001 395
1002 350	2002 175
1003 550	2003 275
1004 790	2004 395
1005 180	2005 80
SUBTOTAL (1) (\$)	
0.00	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	
Total Claims	18
Independent Claims	7
Multiple Dependent	
Large Entry	Small Entry
Fee Code (\$)	Fee Code (\$)
1202 18	2202 9
1201 48	2201 44
1203 300	2203 150
1204 88	2204 44
1205 18	2205 9
SUBTOTAL (2) (\$)	
0.00	

3. ADDITIONAL FEES	
Large Entry	Small Entry
Fee Code (\$)	Fee Code (\$)
1051 130	2051 85
1052 50	2052 25
1053 130	2053 130
1812 2,620	1812 2,520
1804 820*	1804 820*
1805 1,840*	1805 1,840*
1251 110	2251 55
1252 430	2252 215
1253 980	2253 490
1254 1,530	2254 765
1255 2,080	2255 1,040
1401 340	2401 170
1402 340	2402 170
1403 300	2403 150
1451 1,510	2451 1,510
1452 110	2452 55
1453 1,370	2453 685
1501 1,370	2501 685
1502 490	2502 245
1503 680	2503 330
1460 130	2460 130
1807 50	2807 50
1806 180	2806 180
8021 40	2801 40
1809 790	2809 395
1810 790	2810 395
1801 790	2801 395
1802 900	2802 900
SUBTOTAL (3) (\$)	
1,220.00	

SUBMITTED BY	
Name (Print/Type)	John S. Curran
Registration No. (Attorney/Agent)	50,445
Telephone	(617) 227-7400
Signature	<i>John S. Curran</i>
Date	October 26, 2004

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Dated: October 26, 2004 Signature: *John S. Curran* (John S. Curran)